

MENTAL ILLNESS

The oldest records of human history show that there have always been people who suffered mental or emotional illnesses. Such illnesses have existed in every kind of culture and civilization—from the most primitive to the most advanced.

For a long time the mentally ill were punished or, at best, neglected. They were thought to be possessed by demons, or “moonstruck,” or to be less than human. Society put them out of sight in jails or poor-houses.

Today, we no longer chain the mentally ill or ignore them. We see them as sick people who, like all sick people, need medical treatment. Moreover, we believe that if we apply our best medical knowledge and what we know about human behavior, all but a small portion of the mentally ill can attain a wholesome social adjustment. We believe that most mentally ill people can be treated in the communities where they live instead of having to be sent away for prolonged confinement.

What is the extent of mental illness?

It has been estimated, on the basis of certain surveys, that 1 in 10 people in the United States suffers from a mental or emotional disturbance. This refers to mental illness and emotional disorders in all forms—major and minor—and includes the many millions of people whose symptoms may be of a psychosomatic nature, as in ulcers or hypertension, or of a psychotic nature, such as schizophrenia. The fact is, however, that we do not know how many people are mentally ill—partly because the boundaries between mental health and illness are as yet only dimly defined, and partly because many people with emotional disorders do not seek treatment.

We are on a little firmer ground when we speak of the number of people treated annually for mental illness or disorder. Recent estimates put this number

round 3 million. Not all of these people, of course, hospitalized. Many can be treated in a clinic or the office of a private practitioner. According to recent surveys, about 800,000 people receive treatment annually in State and county mental hospitals, over 1,000,000 in Federal hospitals, over 100,000 in private psychiatric hospitals, and more than 435,000 people with a diagnosis of mental illness are treated in general hospitals. In addition, 35,000 patients are treated annually in the day or night care programs of community mental health centers.

Outpatient facilities, which used to account for only a small portion of the psychiatric treatment received in this country, now care for almost half of the persons receiving any form of care. About 1,186,000 patients are treated annually in outpatient psychiatric clinics.

Treatment for the others is provided by professionals in private practice, including psychiatrists, clinical psychologists, and psychiatric social workers. In addition to the millions who are treated for a mental illness or disturbance which is recognized as such, it has been estimated that as many as half of the patients treated by physicians in general practice have predominantly psychiatric complaints, or suffer from a physical illness with psychiatric complications.

What is the nature of mental disorders?

Mental disorders can be classified under four major headings: psychoses, neuroses, personality or character disorders, and psychosomatic diseases.

Psychoses

Psychoses (which are usually what is referred to when the term "insanity" is used) are generally characterized by strange feelings and behavior and a distortion of reality. This may be so minor as to be observed by others and identified only by a professional; or be so extreme that it is apparent to anyone.

Of the severe forms of psychosis, the most common is schizophrenia. It is an illness in which loss of touch with reality may provoke disordered behavior. Another form of psychosis is known as the manic depressive reaction, in which moods sway from elation to extreme depression. Psychotic depressive reactions describe another type of illness, usually associated in women in their menopausal years or in women following pregnancy.

The causes of psychosis are not fully understood, but most experts now believe that in the largest number of patients both external pressures and constitutional factors play a part. Some psychotic illnesses are due to organic disease such as general infections, the hardening of brain arteries, particularly in the elderly, or damage to brain tissue from alcohol, drugs, or tumors. Some of these organic psychoses respond to specific medical care.

Formerly most psychotics required long-term or even lifetime care, usually in a State hospital. But under modern treatment disordered behavior usually recedes rapidly and the patient may resume his normal life pattern. Many psychotic patients are being treated in psychiatric services of general hospitals or in a day or night mental health service in which the patient lives at home but goes to the hospital for treatment and planned activities for part of each day. Many patients are maintained in the community with regular visits to outpatient psychiatric clinics, to mental health centers, or to private psychiatrists.

Neuroses

The *neuroses* are less severe emotional disturbances, although in some cases thinking and judgment may be impaired. The trouble is mostly in the way a neurotic person feels—and often he feels very uncomfortable. Neurotics may be continually bothered by feelings of anxiety or depression, which use up their energies and fill them with nameless dread.

Neuroses take many forms. A housewife may be so upset that she gets upset if an ashtray is even an inch out of place; a man may worry so much about pleasing his boss that his nerves are always on edge. Other

neurotic patterns may take the form of overeating; sleepwalking; repeated handwashing; touching objects or counting them; or irrational fears.

Most neurotics can be treated in a psychiatric clinic or under private professional care. Neurosis often has an up-and-down pattern; occasionally the neurotic's anxiety becomes so great that he must be hospitalized. But most neurotics are able to earn a living—although painfully and with effort; have a homelife—although often a wretched one; and are seemingly normal in some activities—although abnormal in others. Relations with other people are often adversely affected.

Character or personality disorders

Character or personality disorders are difficulties in adjustment that show themselves in the kind of disturbed behavior that is seen in the drug addict, the chronic alcoholic, or the delinquent. They may also be associated with epilepsy and brain damage due to injury or infection. Usually the person with a character disorder does not feel great anxiety or guilt about his behavior, whereas most other emotionally ill persons with the same symptoms do. He behaves very much as if he did not care about the standards of conduct or achievement that are important to most people in our society. Irresponsibility and immaturity are often indications of this type of disorder.

At the least serious level, a person with a character disorder may be repeatedly discharged from jobs because he cannot make himself care enough about doing good work. A person with a more serious character disorder may cheat, steal, or lie; he may become an alcoholic, a drug addict, or sexual deviate.

When a person engages in socially destructive acts without feeling any guilt about these acts, he is sometimes called a psychopath. No one knows for sure why the psychopath behaves as he does, but several reasons have been suggested. He may be a person who has not yet developed an adequate conscience; like a child he is impulsive, selfish, and shortsighted.

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Or he may have grown up in a group that did not have the same values as the large part of American society. It is often very difficult to know whether an individual with a character disorder is emotionally ill or healthy but antisocial.

Psychosomatic diseases

Psychosomatic diseases are ailments whose symptoms are primarily physical but which may have a large emotional component. This type of emotional illness is understandable to anyone who has ever suffered from a headache after arguing with his employer or has had diarrhea before taking an important examination. Included among the psychosomatic illnesses are asthma, peptic ulcer, colitis, hypertension, and certain types of arthritis.

The person suffering from a psychosomatic disorder may need psychological treatment, but he is also in need of medical treatment. He is very different from the hypochondriac who is a person who exaggerates the normal fluctuations in bodily function.

What research is being done on the mental illnesses?

Mental illnesses usually have multiple causes. They may be due to organic malfunctioning, or they may be the result of severe or prolonged stress and strain, or a combination of both. Scientists believe that a number of factors—ranging from the physiological through the genetic and the psychological to the environmental—contribute to these disorders.

Therefore the enigma of the mental illnesses is being attacked by workers in a wide variety of medical and scientific fields. Many specialists such as biochemists, neurophysiologists, neuroanatomists, neurochemists, and others, are studying the basic structure and functioning of the brain and central nervous system. In addition to finding out how the brain and nervous system operate normally, scientists are also

trying to discover exactly what goes wrong when people do not behave in a normal fashion.

Psychiatrists and psychologists are analyzing the effects of life experiences on normal and abnormal development. Disorders in thinking and behavior are also being studied. Social scientists are attempting to measure the effect of different kinds of environment in producing emotional tension, anxiety, and other psychiatric symptoms.

In addition, research scientists are working with mental patients to discover more effective ways of treating them. Much research is going on to help improve various types of treatment including individual, family, and group psychotherapy, occupational and recreational therapy, and others. Work is going on to determine how the psychoactive drugs which make the mentally ill more receptive to psychiatric treatment can be used most effectively.

As research in mental disease continues, the findings of the laboratory are being linked with field demonstrations—to develop new methods of care, treatment, and rehabilitation into everyday programs providing services for people.

Much of this research is sponsored by the National Institute of Mental Health, either through its intramural research program at Bethesda, Md., or through grants to medical schools, universities, research centers, and mental health facilities throughout the country. Research is also supported by State and local governments, teaching facilities, private individuals and foundations, and by voluntary, civic, and service organizations.

What facilities are here for treating the mentally ill?

Until fairly recently, most of the people with severe mental illnesses were cared for in State and county mental hospitals, many of them housing several thousand patients and most offering mainly custodial care. In the past few years, however, the level of the care in many of these hospitals has been upgraded. Moreover, the general hospital has become a major

psychiatric resource, and now more patients with a psychiatric diagnosis are admitted each year to general hospitals than to public mental hospitals. Private mental hospitals also care for a substantial number of patients.

People with emotional disorders are also treated in mental health clinics, child guidance centers, day and night mental health treatment programs, and other facilities. Sometimes effective help can be provided by the family physician, minister, the local health department, a social agency, or other source of guidance in the community.

A new and promising kind of mental health facility which combines many treatment elements is the community mental health center. The Community Mental Health Centers Act has authorized Federal funds to help finance the cost of construction and staffing these centers.

By the end of 1970, some 500 new centers will be developed to provide a comprehensive range of mental health services in their communities. To qualify for Federal funds, a center must provide at least five coordinated services: inpatient care, outpatient care, partial hospitalization, emergency care, and consultation and education to community agencies and professional personnel. In a center, the patient receives treatment suited to the course of his illness, and his changing needs. This is called "continuity of care," an important feature of modern health services.

What are the chances for recovery?

As in all other illnesses, the sooner diagnosis is made and treatment begun, the better the chances are for recovery. The family physician, the teacher, the nurse, and others can often detect early signs of disorder and make appropriate referrals for help. An important feature of community mental health centers is their preventive activities. Through their work with care-giving persons and agencies, the centers help to strengthen community resources to combat mental illness.

Even for patients who require hospitalization, the outlook is increasingly hopeful. A recent survey of general hospitals with psychiatric services revealed an average length of stay of 22 days. Stays in State mental hospitals are usually longer, but active treatment programs and supportive services in the community are helping to shorten this hospitalization, too.

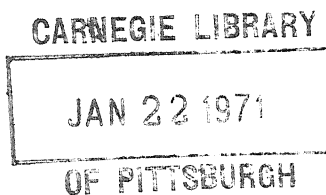
However, it should be kept in mind that mental illness is often a recurring illness, although there are long periods of remission. A patient's ability to remain outside the hospital and stay well depends on several factors, including followup care in the community and understanding and acceptance from family, neighbors, friends, and fellow workers.

What can the average citizen do about mental illness?

The most important thing to do is to realize that mental illness is an illness and that the mentally ill are people who are troubled and need help. The mentally ill may say and do things that seem inappropriate or unusual or even shocking, but they say and do these things because they are sick. Some of us are able to accept this fact, but far too many of us, when face to face with someone who is or has been mentally ill, react with fear or anger rather than with compassion.

The citizen can also join with other individuals and groups in his community to make sure that adequate mental health services are available to all who need them. Before a community mental health center can be built, there must be interest among the citizens—an interest that includes a willingness to help see that a center has adequate financial support for its construction and continuing operation.

The goal of the community mental health center program is to make mental health services available to all citizens who need them. This goal cannot be reached unless residents of a community accept the need for a full range of mental health services, help bring these services into being, and accept the mental patient with understanding.



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